



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Albuquerque Area Indian Health Service
5300 Homestead Road, N.E.

Albuquerque, New Mexico 87110

DHR-AN-01-08

DATE: August 10, 2001

TO: Division Directors, AAIHS, National Programs, NAIHS
Chief Executive Officers, AAIHS, NAIHS
Health Center Directors
Attention: All Employees

FROM: Acting Director, Division of Human Resources
Albuquerque Area Indian Health Service

SUBJECT: Employee Assistance Program

This memorandum serves as an annual reminder to inform employees about the services available through the Employee Assistance Program (EAP). Federal Occupational Health, a division of the U.S. Public Health Service, administers the EAP. The EAP provides free, professional, and confidential assistance.

The EAP was established to give employees the necessary resources to cope with life's difficulties. EAP counselors are available to help employees deal with a multitude of problems such as:



Family/Relationships: Relationship/marital issues, domestic violence, separation adjustment, divorce problems, communication difficulties, single parenting, school problems, adolescent adjustments, elder care



Workplace issues: Job adjustment, communication, career changes, problem solving, retirement



Personal/Emotional: Anxiety reactions, depression, suicidal thoughts, sleep problems, withdrawal, self confidence and worth, guilt, grief and loss, significant life changes, stress related issues



Alcohol/Drugs: Alcohol dependency and abuse, drug dependency and abuse, prescription abuse, family alcohol/drug problems



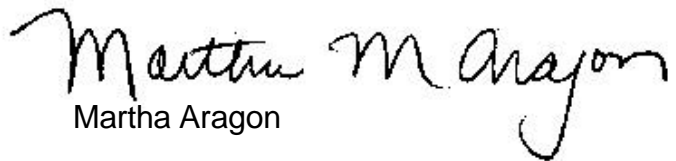
Health: Stress and somatic reactions, fear, feelings of inadequacy, life threatening illness



Behavioral: Gambling, phobias, smoking, eating, disorders, lying, over spending

Help is available 24 hours a day, 365 days a year by calling 1-800-222-0364 or 1-800-262-7848 (TTY). In-depth information on EAP services and programs is available on-line at www.foh.dhhs.gov. You can also access the attached EAP newsletter by clicking on the "News" button at <http://www.hhs.gov/ohr/eap/>.

Please ensure that all employees under your supervision either receive a copy of this memorandum with attachments or that desk to desk routing of same is accomplished. A copy of this memorandum is available on-line at the Division of Human Resources website www2.ihs.gov/aaodhr. If you have any questions, you may contact Vince Lujan or Ernestine Overfield, Division of Human Resources, at (505) 248-4510.


Martha Aragon

Attachment

cc: Administrative Officers
Administrative Liaison, National Programs
Executive Officer, Nashville Area IHS

Youth Mental Health Problems

Approximately 20% — or about 11 million — of young people aged 9-17 have a diagnosable mental, emotional or behavioral health disorder, according to the Association of Psychiatric Health Systems. From 9%-13% of children experience serious mental or emotional problems that substantially interfere with their functioning in school, at home and in the community.

Unfortunately, only 11% of young people receive treatment for any kind of mental illness. Many times their conditions are overlooked, denied or misinterpreted.

Mental health problems are real, painful and can be severe. They can lead to school failure, loss of friends or family conflict. Some of the signs that may point to a possible problem are listed here. Check the ones that apply to your teen. The more "yes" answers you tally up, the higher the likelihood your teen is having a mental health problem.

Is your teen

- very angry most of the time?
- crying a lot or overreacting to things?
- feeling worthless
- feeling guilty?
- anxious or worried more than other young people?

- grieving overly long or having difficulty resuming daily life activities after a loss or death?
- extremely fearful, expressing unexplained fears or more fears than most kids?
- constantly concerned about physical problems?
- constantly concerned about appearance?
- frightened that his or her mind is controlled or is out of control?

Has your teen's behavior changed dramatically recently?

For example, has s/he

- experienced a big drop in grades overall?
- lost interest in things usually enjoyed?
- had a noticeable change in eating or sleeping habits?
- started avoiding friends or family to be alone all the time?
- started daydreaming constantly and putting off doing necessary tasks?
- expressed feelings that life is too hard to handle?
- talked about suicide?
- said s/he hears voices that cannot be explained?

Is your teen experiencing

- poor concentration?
- an inability to make decisions?
- an inability to sit still?
- worry about being harmed, hurting others, or about doing something "bad"?
- the need to wash, clean things, or perform certain routines dozens of times a day?
- thoughts that occur almost too fast to follow or process?
- persistent nightmares?

Does your teen

- use alcohol or other drugs?
- eat large amounts of food and then force vomiting, abuse laxatives or take enemas to avoid weight gain?
- continue to diet or exercise obsessively although bone-thin?
- often hurt other people, destroy property or break the law?
- do things that can be life threatening?

If your child experiences even a few of these signs, it is advisable to contact your employee assistance program at work or your teen's school psychologist, social worker, student assistance counselor, nurse or guidance counselor to discuss your observations and concerns.

Parenting Prevention Tip: Remain "Hands-on"

Want to reduce the chances that your teenager will use alcohol or other drugs? Then remain "hands-on," say researchers at Columbia University's Center on Addiction and Substance Abuse (CASA). Using interviews with teens 12 to 17, CASA researchers identified 12 tasks of parenting that influence teen drug use. Parents who consistently perform 10 of the 12 tasks are considered "hands-on" and their children are less likely to use. Parents who consistently perform five or fewer tasks are "hands-off." Teens from these

homes are four times more likely to drink, smoke or use illegal drugs. The 12 tasks are:

- monitoring what their teens watch on TV
- monitoring what they do on the Internet
- placing restrictions on the compact discs they buy
- knowing where their teens are after school and on weekends
- being told the truth by their teens about where they are really going

- being aware of their teens' academic performance
- imposing a curfew
- making clear that they would be "extremely upset" if their teens used marijuana
- eating dinner with their teens six or seven nights a week
- turning off the television during dinner
- assigning their teens regular chores
- having an adult present when the teen returns from school

Ecstasy It Is Not!

A dangerous drug called "ecstasy" has been gaining popularity among youth and young adults. It's important that parents and concerned others know about this drug — how it's used, what it looks like and the paraphernalia and dangers associated with its use.

About ecstasy

- Ecstasy is the street name for methylenedioxymethamphetamine or MDMA. It's one in a group of drugs called "club drugs," which refers to mostly illegal substances that are popular at all-night dance parties called "raves."
- Ecstasy users say they experience mild hallucinations (changes in thoughts, perceptions and emotions) and a slightly stimulating effect. Its most reported attractiveness is that

it makes users feel more connected emotionally with others.

Look for...

- a white pill or capsule (some users crush the pill and inhale the powder).
- lollipops or bottled water to combat the dry mouth ecstasy users experience.
- "dreamy," disoriented or affectionate behavior, which are common behaviors for a person who has used ecstasy.

Dangers of ecstasy use

- Ecstasy can kill. Some users take drugs that look like ecstasy, but are not. These "look alike" ecstasy drugs also can kill.
- Research shows ecstasy can cause changes in the brain up to a year after use. Ecstasy appears to rob the

brain of serotonin, a natural substance that regulates emotional well-being. People with low serotonin levels are at risk of depression and memory and attention deficits.

- Some ecstasy users require hospitalization. The most common reason for admission is that the body overheats, causing fainting and internal organ stress.
- Ecstasy makes users feel more affectionate, leading some to engage in unprotected or unwanted sex. These individuals are at great risk of acquiring a sexually transmitted disease, including HIV, the virus that causes AIDS.
- Some users take ecstasy with other drugs, and mixing drugs can be dangerous. Remember, alcohol is also a powerful depressant drug.

Don't Forget the Need for Friendship in Your Relationship

Have you seen interviews with couples who have been together 30, 40, 50 years or more? "How do you do it?" is the question most often asked of them. And almost always, the couple will smile at each other, then one or both will answer, "She [or he] is my best friend."

Although not a scientific fact, there's a lot of wisdom behind that response. For relationships to last, there must be something more than the passion that marks the early years, or the

excitement and deepening commitment of the child-raising years. As those who've been there say, that something is friendship.

Here are some tips to keep the friendship in your relationship:

- Compliment your partner frequently. Try to say at least one really nice thing each day.
- Do something thoughtful on a regular basis. Pack your partner a lunch with a note inside. Send your partner a card at work.

- Spend time together. If it's joining a bowling league, going to a movie one night a week or walking after dinner, spend time being with each other.
- Tell your partner how much you love and appreciate him/her whenever your partner does something that pleases you.

Source: A.A. Lazarus and C.N. Lazarus (1997). *The 60-Second Shrink*. San Luis Obispo, Calif.: Impact Publishers.

FOH

Federal Occupational Health
a division of the U.S. Public Health Service

The Federal Consortium EAP provides assessment, counseling, referral, training and consultation to federal employees and agencies throughout the United States. For administrative details about the program, call Doug Mahy, Federal Occupational Health, at 214-767-3030. To visit us on the Web, go to www.foh.dhhs.gov.

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all week, all year.

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